

Section L

New Hampshire-Specific Data Edits

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New Hampshire-Specific Data Edits

The New Hampshire-specific data edits supplement the standard IAIABC edits, which are a part of the NHDOL system. See the *IAIABC EDI Implementation Guide*, available at www.iaiaabc.org for information on the standard IAIABC edits.

Current Edits

At this time, data sent to the NHDOL system is subjected to the New Hampshire-specific edits: Jurisdiction Code (DN 4) must be “NH” and Date of Injury (DN 31) must be on or after July 1, 2006, as well as the edits listed in the tables below.

New Hampshire EDI to 8WC Crosswalk

8WC Question #	Element Name	Release 3 DN #	Requirement
1a	Employee First Name	DN0044	M
1b	Employee Middle Name/Initial	DN0045	IA
1c	Employee Last Name	DN0043	M
2	Employee Date of Birth	DN0052	M
3	Age	N/A	
4	Employee Gender	DN0053	E
5	Employee ID	DN0042* (ssn)	MC
6a	Employee Mailing Pri. Address	DN0046	E
6b	Employee Mailing City	DN0048	E
7	Employee Mailing State	DN0049	E
8	Employee Mailing Postal Code	DN0050	E
9	Employee Phone Number	DN0051	IA
10	Youth Employment Certificate on File	N/A	
11	Occupation description	DN0060	IA
12	Regular Occupation	N/A	
13	Wage	DN0062	IA
14	Number Hours Worked/Day	N/A	
15	Number Days Work/Week	DN0064	IA
16	Average Weekly Earnings	DN0063	IA
17	Was injured hired in NH	N/A	
18	Employee Date of Hire	DN0061	E
19a	Date of Injury	DN0031	M
19b	Time of Injury	DN0032	IA
20	Date disability began	DN0056	IA
21	Full wage paid for date of injury	DN0066	IA
22	Date employer had knowledge of injury	DN0040	E
23	Name of person notified	N/A	
24a	Accident site location name	DN0120	IA
24b	Accident site city	DN0121	IA
24c	Accident site street	DN0122	IA
24d	Accident site state	DN0123	IA

25	Accident/Injury description Narrative	DN0274	IA
26	Witness Name	DN0238	IA
27	Part of Body Code	DN0036	E
28	Estimated Length of Disability	N/A	
29	Return to work with same employer	DN0228	IA
30	Return to Work Date	DN0068	IA
31	At what Occupation or Job	N/A	
32	Physical restrictions indicator	DN0224	IA
33	Equipment causing injury	N/A	
34	Were safeguards in place	N/A	
35	Cause of Injury	DN0037	E
36	Initial Treatment Code	DN0039	IA
37	Treating Physician	N/A	
38	Employee Date of Death	DN0057	MC
39	Employer Name	DN0018	M
40	Employer FEIN	DN0016	E
41	If leased or temp worker client's business name	N/A	
42	Employer physical primary address	DN0019	IA
43a	Employer physical City	DN0021	IA
43b	Employer physical State	DN0022	IA
44	Employer physical postal code	DN0023	IA
45	Employer contact business phone number	DN0159	IA
46	Insurer Name	DN0007	IA
47	Managed Care organization name	DN0209	IA
48	Number of Employees Full time	N/A	
49	Written Safety Plan in Force	N/A	
50	Active Safety Committee	N/A	
51	Industry Code	DN0025	IA
52	Type or Nature of Business in NH	N/A	
53	If sent by Ins. Agency Name	N/A	
54	Employer Signature	N/A	
55	Printed Name and Title	N/A	
56	Employee signature	N/A	
57	Header Record - Original Transmission Date	DN0102	F

New Hampshire EDI IAIABC Element Requirements

REC	DN#	DATA ELEMENT NAME	FORMAT	00	01	02	CO
148	0001	Transaction Set ID	3 A/N	F	F	F	F
148	0002	Maintenance Type Code	2 A/N	F	F	F	F
148	0003	Maintenance Type Code Date	DATE	F	F	F	F
148	0004	Jurisdiction Code	2 A/N	F	F	F	F
148	0005	Jurisdiction Claim Number	25 A/N	NA	M	M	M
148	0006	Insurer FEIN	9 A/N	F	F	F	F
148	0012	Claim Administrator Mailing City	15 A/N	E	E	E	E
148	0013	Claim Administrator Mailing State Code	2 A/N	E	E	E	E
148	0014	Claim Administrator Mailing Postal Code	9 A/N	E	E	E	E
148	0015	Claim Administrator Claim Number (Key Match)	25 A/N	F	F	F	F
148	0016	Employer FEIN	9 A/N	E	E	E	E
148	0021	Employer Physical City	15 A/N	IA	IA	IA	IA
148	0022	Employer Physical State Code	2 A/N	IA	IA	IA	IA
148	0023	Employer Physical Postal Code	9 A/N	IA	IA	IA	IA
148	0025	Industry Code (Formerly "SIC Code")	6 A/N	IA	IA	IA	IA
148	0027	Insured Location Identifier	15 A/N	NA	NA	NA	NA
148	0028	Policy Number	18 A/N	IA	IA	IA	IA
148	0029	Policy Effective Date	DATE	NA	NA	NA	NA
148	0030	Policy Expiration Date	DATE	NA	NA	NA	NA
148	0031	Date of Injury	DATE	M	M	M	M
148	0032	Time of Injury	HHMM	EC	IA	IA	IA
148	0033	Accident Site Postal Code	9 A/N	IA	IA	IA	IA
148	0035	Nature of Injury Code	2 A/N	E	E	E	E
148	0036	Part of Body Injury Code	2 A/N	E	E	E	E
148	0037	Cause of Injury Code	2 A/N	E	E	E	E
148	0039	Initial Treatment Code	2 A/N	IA	IA	IA	IA
148	0040	Date Employer Had Knowledge of the Injury	DATE	E	E	E	E
148	0041	Date Claim Administrator Had Knowledge of Injury	DATE	E	E	E	E
148	0044	Employee First Name	15 A/N	M	M	M	M
148	0048	Employee Mailing City	15 A/N	E	E	E	E
148	0049	Employee Mailing State Code	2 A/N	E	E	E	E
148	0050	Employee Mailing Postal Code	9 A/N	E	E	E	E
148	0052	Employee Date of Birth	DATE	M	M	M	M
148	0053	Employee Gender Code	1 A/N	E	E	E	E
148	0054	Employee Marital Status Code	1 A/N	NA	NA	NA	NA
148	0055	Employee Number of Dependents	2 N	NA	NA	NA	NA
148	0056	Initial Date Disability Began	DATE	IA	IA	IA	IA
148	0057	Employee Date of Death	DATE	MC	MC	MC	MC
148	0058	Employment Status Code	2 A/N	NA	NA	NA	NA
148	0059	Manual Classification Code	4 A/N	NA	NA	NA	NA
148	0061	Employee Date of Hire	DATE	E	E	E	E
148	0062	Wage	\$9.2	IA	IA	IA	IA

148	0063	Wage Period Code **	2 A/N	IA	IA	IA	IA
148	0064	Number of Days Worked Per Week	1 N	IA	IA	IA	IA
148	0065	Initial Date Last Day Worked	DATE	NA	NA	NA	NA
148	0066	Full Wages Paid for Date of Injury Indicator	1 A/N	IA	IA	IA	IA
148	0068	Initial Return to Work Date	DATE	IA	IA	IA	IA
R21	0001	Transaction Set ID	3 A/N	F	F	F	F
R21	0295	Maintenance Type Correction Code	2 A/N	X	X	X	F
R21	0296	Maintenance Type Correction Code Date	DATE	X	X	X	IA
R21	0186	Jurisdiction Branch Office Code	2 A/N	NA	NA	NA	NA
R21	0015	Claim Administrator Claim Number (Key Match)	25 A/N	F	F	F	F
R21	0187	Claim Administrator FEIN	9 A/N	F	F	F	F
R21	0188	Claim Administrator Name	40 A/N	E	E	E	E
R21	0135	Claim Administrator Mailing Information/Attention Line	50 A/N	IA	IA	IA	IA
R21	0010	Claim Administrator Mailing Primary Address	40 A/N	E	E	E	E
R21	0011	Claim Administrator Mailing Secondary Address	40 A/N	IA	IA	IA	IA
R21	0136	Claim Administrator Mailing Country Code	3 A/N	EC	EC	EC	EC
R21	0270	Employee ID Type Qualifier	1 A/N	M	M	M	M
	0042	Employee SSN	15 A/N	MC*	MC*	MC*	MC*
	0152	Employee Employment Visa	15 A/N	MC	MC	MC	MC
	0153	Employee Green Card	15 A/N	MC	MC	MC	MC
	0154	Employee ID Assigned by Jurisdiction	15 A/N	MC	MC	MC	MC
	0156	Employee Passport Number	15 A/N	MC	MC	MC	MC
R21	0255	Employee Last Name Suffix	4 A/N	IA	IA	IA	IA
R21	0150	Employee Authorization to Release Medical Records Indicator	1 A/N	NA	NA	NA	NA
R21	0157	Employee Social Security Number Release Indicator	1 A/N	NA	NA	NA	NA
R21	0043	Employee Last Name	40 A/N	M	M	M	M
R21	0045	Employee Middle Name/Initial	15 A/N	IA	IA	IA	IA
R21	0046	Employee Mailing Primary Address	40 A/N	E	E	E	E
R21	0047	Employee Mailing Secondary Address	40 A/N	IA	IA	IA	IA
R21	0155	Employee Mailing Country Code	3 A/N	EC	EC	EC	EC
R21	0051	Employee Phone Number	15 A/N	IA	IA	IA	IA
R21	0146	Death Result of Injury Code	1 A/N	MC	MC	MC	MC
R21	0290	Type of Loss	2 A/N	IA	IA	IA	IA
R21	0228	Return to Work with Same Employer Indicator	1 A/N	IA	IA	IA	IA
R21	0189	Return to Work Type Code	1 A/N	NA	NA	NA	NA
R21	0224	Physical Restrictions Indicator	1 A/N	NA	NA	NA	NA
R21	0314	Insured FEIN	9 A/N	EC	EC	EC	EC
R21	0017	Insured Name	40 A/N	EC	EC	EC	EC
R21	0184	Insured Type Code	1 A/N	NA	NA	NA	NA
R21	0026	Insured Report Number	25 A/N	NA	NA	NA	NA
R21	0007	Insurer Name	40 A/N	IA	IA	IA	IA
R21	0185	Insurer Type Code	1 A/N	IA	IA	IA	IA
R21	0292	Insolvent Insurer FEIN	9 A/N	NA	NA	NA	NA
R21	0249	Accident Premises Code	1 A/N	M	M	M	M
R21	0118	Accident Site County/Parish	20 A/N	NA	NA	NA	NA
R21	0119	Accident Site Location Narrative	50 A/N	IA	IA	IA	IA
R21	0120	Accident Site Organization Name	50 A/N	IA	IA	IA	IA

R21	0121	Accident Site City	15 A/N	IA	IA	IA	IA
R21	0122	Accident Site Street	40 A/N	IA	IA	IA	IA
R21	0123	Accident Site State Code	2 A/N	IA	IA	IA	IA
R21	0280	Accident Site Country Code	3 A/N	NA	NA	NA	NA
R21	0281	Date Employer Had Knowledge of Disability	DATE	IA	IA	IA	IA
R21	0018	Employer Name	40 A/N	M	M	M	M
R21	0329	Employer UI Number	15 A/N	NA	NA	NA	NA
R21	0019	Employer Physical Primary Address	40 A/N	IA	IA	IA	IA
R21	0020	Employer Physical Secondary Address	40 A/N	IA	IA	IA	IA
R21	0164	Employer Physical Country Code	3 A/N	IA	IA	IA	IA
R21	0159	Employer Contact Business Phone Number	15 A/N	IA	IA	IA	IA
R21	0160	Employer Contact Name	40 A/N	E	E	E	E
R21	0163	Employer Mailing Information/Attention Line	50 A/N	NA	NA	NA	NA
R21	0165	Employer Mailing City	15 A/N	M	M	M	M
R21	0166	Employer Mailing Country Code	3 A/N	NA	NA	NA	NA
R21	0167	Employer Mailing Postal Code	9 A/N	M	M	M	M
R21	0168	Employer Mailing Primary Address	40 A/N	M	M	M	M
R21	0169	Employer Mailing Secondary Address	40 A/N	IA	IA	IA	IA
R21	0170	Employer Mailing State Code	2 A/N	M	M	M	M
R21	0060	Occupation Description	50 A/N	IA	IA	IA	IA
R21	0199	Full Denial Effective Date	DATE	X	X	X	X
R21	0073	Claim Status Code	1 A/N	NA	NA	NA	NA
R21	0074	Claim Type Code	1 A/N	IA	IA	IA	IA
R21	0077	Late Reason Code	2 A/N	NA	NA	NA	NA
R21	0273	Employer Paid Salary in Lieu of Compensation Indicator	1 A/N	NA	NA	NA	NA
R21	0274	Number of Accident/Injury Description Narratives	2 N	F	F	F	F
R21	0277	Number of Full Denial Reason Codes	2 N	F	F	F	F
R21	0276	Number of Denial Reason Narratives	2 N	F	F	F	F
R21	0278	Number of Managed Care Organizations	2 N	F	F	F	F
R21	0279	Number of Witnesses	2 N	F	F	F	F
R21	0038	Accident/Injury Description Narrative	50 A/N	M	M	M	M
R21	0198	Full Denial Reason Code	2 A/N	X	X	X	X
R21	0197	Denial Reason Narrative	50 A/N	X	X	X	X
R21	0207	Managed Care Organization Code	2 A/N	IA	IA	IA	IA
R21	0209	Managed Care Organization Name	50 A/N	EC	EC	EC	EC
R21	0208	Managed Care Organization Identification Number	40 A/N	NA	NA	NA	NA
R21	0238	Witness Name	40 A/N	IA	IA	IA	IA
R21	0237	Witness Business Phone Number	15 A/N	IA	IA	IA	IA
		Rows in yellow are 8WC fields					

NHDOL Requirement Conditions

DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
DN0019	Employer Physical Primary Address	Expected if United States	Expected if DN 0023 is a US ZIP Code
DN0005	Jurisdiction Claim Number	Will be supplied in the Acknowledgement of the original FROI. Must be used in all future transactions.	Insert in all transactions beyond the original
DN0025	Industry Code	NH DOL will be using NAICS codes with the implementation of EDI	
DN0031	Date of Injury	When the date of injury is not clear (cumulative disorder) Use the date you use in your data system.	Should we have to correspond regarding this we will be speaking the same language
DN0032	Injury Time	We will want the Time if two different first reports are require for the same claimant on the same day	In the event two different first reports are required for a claimant for the same day this will allow us to differentiate the two.
DN0035	Nature of Injury Code	In the past NH DOL performed the coding from the description. With EDI we will expect this to be coded.	We have adopted the WCIO Codes for EDI.
DN0036	Part of Body Injury Code	In the past NH DOL performed the coding from the description. With EDI we will expect this to be coded.	We will not use the sub-codes ie the alpha portions of these codes. We have adopted the WCIO Codes for EDI.
DN0037	Cause of Injury Code	In the past NH DOL performed the coding from the description. With EDI we will expect this to be coded.	We have adopted the WCIO Codes for EDI.
DN0040	Date employer had knowledge of the injury	This is the date used to determine if penalties must be levied against the employer for late filing.	The date the employer had knowledge (DN0040) is compared to the Transmission Date in the Header of the EDI file. If the difference between Date Employer had Knowledge (DN0040) and the Date Transmission Sent (DN0100), is greater than the 5 days as outlined in statue, the filing will be considered late. When Date Employer had Knowledge (DN0040) is zeros or blank, Date of Injury (DN0031) will be used

DN0270	Employee ID Type Qualifier	At this time NH DOL supports all IAIABC specified ID types. The SSN is our preferred employee type ID.	When using Type A "Jurisdiction Assigned" enter the claimants birth date in the ID field (DN0154) in the form YYYYMMDD and an internal ID will be created.
DN0136	Claim Administrator Mailing Country Code	The country code will be used to check the Postal Code. No alpha characters if the Country code is blank or other than US	NHDOL does not check zip codes against a national table, we will check that if it is a US zip then it is all numeric
DN0155	Employee Mailing Country Code	The country code will be used to check the Postal Code. No alpha characters if the Country code is blank or other than US	NHDOL does not check zip codes against a national table, we will check that if it is a US zip then it is all numeric
DN0164	Employer Physical Country Code	The country code will be used to check the Postal Code. No alpha characters if the Country code is blank or other than US	NHDOL does not check zip codes against a national table, we will check that if it is a US zip then it is all numeric
DN0166	Employer Mailing Country Code	The country code will be used to check the Postal Code. No alpha characters if the Country code is blank or other than US	NHDOL does not check zip codes against a national table, we will check that if it is a US zip then it is all numeric
DN0146	Death Result of Injury Code	If the employee was killed as a result of the injury this code is expected to be "Y" otherwise this can be blank or "N"	When this code is "Y" DN0057 the death date becomes mandatory.
DN0057	Employee Date of Death	If DN0146 indicates a death then the date of the death is mandatory.	When DN0146 is "Y" then the date of death is mandatory, otherwise blank